35 MEDICAL GROUP
2012-2013 INFLUENZA SCREENING & CONSENT FORM

CHILD'S NAME: _____   BIRTHDATE : _____

SPONSOR NAME:_____   SSN (full): _____

Please Use a Pen to Circle "Yes" or "No".

1. Is your child currently sick with a fever?   YES   NO

2. Has your child ever had a serious reaction (requiring hospitalization) to a flu vaccine?   YES   NO

3. Do you have a family history of Guillain-Barre Syndrome (GBS)?   YES   NO

4. Has your child been diagnosed by their pediatrician with an allergy to eggs, MSG, or Gentamicin?   YES   NO

5. Is there any chance your child may be pregnant?   YES   NO

6. Does your child have a chronic health problem such as: asthma, heart disease, lung disease, kidney disease, metabolic disease (e.g., diabetes) or a blood disorder?   YES   NO

7. Does your child have a weakened immune system because of a disease that affects the immune system, long-term high-dose steroid treatments, or cancer treatment with radiation or drugs?   YES   NO

8. Has your child taken any anti-viral drugs in the last 48 hours?   YES   NO

9. Does your child live with or have close contact with <u>severely</u> immunocompromised individuals or someone who must be in a protective environment (such as transplant recipients)?   YES   NO

10. Has your child received any vaccines within the last 30 days?   YES   NO

11. Please list below all of the medications your child is currently taking (*for medication reconciliation*):

"I have read or have had explained to me the information in the 2012-2013 Influenza Vaccine Information Statement (VIS) and am aware of the benefits and risks of the influenza vaccine. I have also had a chance to ask questions and they were answered to my satisfaction. I understand the seasonal influenza vaccine is required IAW ACIP recommendations, Army Regulation 40–562, BUMEDINST 6230.15, AFJI 48–110, and CG COMDTINST M6230.4F and 35 Medical Group policies."

LEGAL GUARDIAN SIGNATURE:_____

DATE:_____